



INTERNAL AUDIT REPORT FOR

Risk Management

Department of Financial Services
Audit Plan Year 2023

August 23, 2023

GWINNETT COUNTY
INTERNAL AUDIT DIVISION

75 Langley Drive | Lawrenceville, GA 30046
O: 770.822.7757 | F: 770.822.7725
GwinnettCounty.com

Auditor: Keenan Nietmann, CFE, Operational Audits Division Director

Distribution:

To: Buffy Alexzulian, Financial Services Director
Adrienne McAllister, Human Resources Director

CC: Tracy Arner, CPA, Gwinnett County Audit Committee
Kirkland Carden, Board of Commissioners – District 1, Gwinnett County Audit Committee
Tiana Garner, Clerk of Court, Gwinnett County Audit Committee
Ben Ku, Board of Commissioners – District 2, Gwinnett County Audit Committee Chairman
Teresa Reese, CPA, Gwinnett County Audit Committee
Glenn Stephens, County Administrator, Gwinnett County Audit Committee
Maria Woods, CPA, Deputy County Administrator/CFO, Gwinnett County Audit Committee

Theresa Cox, Deputy County Attorney
Mike Ludwiczak, County Attorney

This report is solely for individuals contained in the distribution list. Do not send to any other recipients without written authorization.

Table of Contents

Background & Scope.....	4
Assessment.....	5
Recommendations.....	5
Other Considerations.....	12
Exhibit A: Claims Management Steps	13
Exhibit B: Summary of Audit Procedures	14

Background & Scope

Gwinnett County (the County) provides an array of services to residents, which sometimes results in bodily injuries or property damage due to accidents, necessary actions, or other unforeseen events. These events often result in substantial repairs and financial claims by employees or third parties against the County depending on determination of fault. The Department of Financial Services' Risk Management Group (RMG) utilizes several risk mitigation strategies to minimize the cost of these events to the County if they occur. RMG attempts to avoid or reduce the likelihood of occurrence by defining countywide safety needs and coordinating safety and loss prevention (SLP) programs with departments. This often includes site inspections and employee training. RMG maintains insurance coverage for risks with higher cost consequences to the County. The most common types of insurance coverage include general liability, property, and workers' compensation (WC). Most insurance policies contain a self-insured retention component which is a set amount the County must pay in claims before insurance companies pay out. The self-insured thresholds were property - \$100,000; general liability - \$2,000,000; and WC - \$1,000,000. The County self-insures all auto claims. RMG follows standard claims management procedures to settle self-insured claims, prevent fraud, and manage costs. See **Exhibit A** for Claims Management Steps. RMG subrogates claims to persons responsible for injuries or property damage when appropriate and may seek remuneration for diminished value of damaged automobiles. RMG uses Riskonnect, a web-based claims management software, to automate certain tasks, track claims workflow, and distribute settlement funds. The Department of Human Resources (HR) uses a third-party administrator, Davies Claims Solutions, LLC (Davies), to process WC claims for employees. The County incurred approximately 3,000 claims totaling approximately \$11.5 million during the audit period January 2021 through December 2022¹. RMG's key business objectives are as follows:

- Identify risks to the County and provide appropriate mitigation solutions.
- Validate claims liabilities and use appropriate recovery strategies to reduce costs.
- Adhere to delegations of authority for claims distributions per County Ordinance requirements.
- Promote proactive loss prevention and workplace safety measures.
- Protect health and personal identifiable information from unauthorized disclosures.

The purpose of this audit was to evaluate the adequacy and effectiveness of management's control activities that are designed to provide reasonable assurance of achieving these objectives. Internal Audit (IA) conducted this audit in accordance with *International Standards for the Professional Practice of Internal Auditing (Standards)*. The Standards require that we plan and perform the audit to identify and evaluate sufficient information to support engagement results. We interviewed employees, observed certain control activities, and reviewed documents on a sample basis for the audit period. We believe the evidence provided a reasonable basis for our assessment. See **Exhibit B** for a summary of our audit procedures. IA confirmed insurance policies were current during the audit period, but we did not evaluate whether RMG maintained enough coverage or whether existing coverage contained appropriate insured sums.

¹ Claims data came from Riskonnect and is unaudited.

Assessment

Management's claims activities may benefit from improved documentation and standardized processes to help achieve business objectives. Management should augment control activities to improve workplace safety oversight and strengthen security for personal identifiable information. We found no significant processing errors or evidence of improprieties.

Recommendations

1. Approval workflow for claims payments was decentralized and manual.

RMG pays eligible claims made against the County for injuries and property damage that are below self-insured retention components of insurance policies. The Risk Manager oversees all claims payments. The County may seek settlements or provide payments to claimants in exchange for a release from future liability under certain circumstances. Settlements typically apply when claims include car repairs above appraisals, bodily injury, errors and omissions, pain and suffering, or negotiated payments. The Settlement of Claims Ordinance dated October 6, 2009, delegates authority for settling claims exceeding \$100,000 to the Board of Commissioners (BOC). The County Administrator, County Attorney, and Director of Financial Services may jointly settle claims of \$100,000 or less, subject to the approval of the Chairman of the BOC. The County Attorney and Director of Financial Services may jointly approve claims of no more than \$50,000. IA selected a judgmental sample of 41 claims paid during the audit period and sought evidence of approvals per Ordinance and, if applicable, settlement statements. Approximately half of the payments in the sample were associated with settlements. We also walked through Riskconnect transactions to account for all payment types. The following is a summary of our observations based on sample results and walkthroughs:

- The Risk Manager received settlement approvals via email instead of an automated workflow. There were two settlement payments without all required approvals. For example, we observed one settlement payment of \$100,000 that exceeded the initially approved amount of \$80,000 without proper evidence of approval or explanation for the increment. Though we deemed the exceptions anomalies, an automated approval workflow in Riskconnect could enhance compliance and efficiency.
- Claims adjusters approved repair invoices for payment with insufficient evidence of concurrence from the Risk Manager/Supervisor. Although leadership must release these payments, a greater degree of scrutiny is needed to validate appropriateness of payment.

RECOMMENDATION

RMG should enable approval workflows in Riskconnect for claims payments, reserves and settlements per Ordinance requirements. RMG should periodically reconcile Riskconnect, SAP, and P-card transactions to account for all claims transactions. If system reconfiguration and data feeds are impractical, consider systematic audits of claims files to confirm compliance.

Management Response (RMG)

RMG leadership agrees greater adherence to documenting settlement approvals within the claim is critical, and systematic audits of claim file are needed to confirm compliance. Prior to preparing payment, risk staff will review claim files to ensure proper authority has been granted and is attached. Risk manager/supervisor will review claim files for proper documentation prior to release of payment and notate in the file it has been reviewed. RMG currently uses email for approvals, however, we will research other platforms to determine if formal workflows can be utilized for approving settlements. Additionally, systematic audits of claim files are a need that has been identified, however, additional staffing is needed. A 2024 decision package requesting additional staffing has been submitted. Lastly, the Risk manager will review P-card transactions and the claim file concurrently to ensure it is recorded with the claim.

2. Documentation to support claims process needed improvement.

RMG's claims management objectives are generally to validate the County's liability and utilize appropriate recovery strategies to reduce costs. The Risk Supervisor and Financial Analyst/Claims Adjuster investigate accidents by reviewing among others initial accident notices, appraisals, police reports, photographs, and medical records to accept or deny claims. The information is also used to estimate the County's loss, and, if applicable, negotiate settlement amounts. In addition to keeping all relevant records, the Risk Supervisor and Claims Adjuster are obligated to document any actions, conversations, and conclusions pertaining to liability. We performed walkthroughs of claims procedures. We also selected a judgmental sample of 41 claims and reviewed related documents to assess adjuster activities. Overall, we did not find any significant errors or omissions, but felt adjusters could keep better documentation and notes in Riskconnect to support claims management outcomes. We observed the following improvement opportunities:

- We identified several outstanding claims in Riskconnect from 2010 and earlier that need to be addressed. To ensure these are addressed, RMG should manage and report on the status of all open claims.
- An employee was involved in an auto accident with injuries to a nonresident in 3rd quarter 2022 and was deemed at fault. Police reports and other documents contained conflicting circumstances about the accident and fault. The accident occurred in another county and possibly after hours for example. Based on inquiries, the status of the claim appeared reasonable, but the adjuster should have included more notes or emails in Riskconnect to memorialize their analysis of the accident scene and decisions pertaining to fault. Details about the vehicle per police report should have been compared to a list of fleet vehicles.
- When addressing claims for Bodily Injury, we sometimes observed limited documentation to address the validity of medical bills for treatment rendered. Medical expenses for the treatment of injuries are often the largest part of settlement damages sought by individuals under general liability. It is often difficult for the County to determine whether medical charges were reasonable or necessary.

RECOMMENDATION

The Risk Manager should generate periodic aging reports from Riskconnect to manage claims performance. The Treasury Division Director should receive a list of outstanding claims on a quarterly basis to ensure claims are adjudicated in a timely manner.

RMG should maintain a checklist with all required steps that must be completed prior to claims settlements and payment processing. The Claims Supervisor and Adjuster should put all documents in Riskconnect claims files using standard file-naming conventions. Notes should specify date written, author, and understandable assessment of facts. The Risk Supervisor and Claims Adjuster should clearly articulate fault and liability and appropriateness of charges in their notes from their review. Riskconnect should date stamp files for final closing or settlement of claims. RMG leadership should memorialize requirements in formal policies and procedures for continuity. Random audits of closed claims files could improve compliance.

Management Response (RMG)

RMG is in constant communication with the Treasury Division Director to discuss claims of concern. The Treasury Division Director attends monthly meetings with the Law department and RMG staff where claims are also addressed and discussed thoroughly. In addition to these discussions, aging claims reports will be run at least quarterly to ensure claims are adjudicated in a timely manner. This report will be reviewed by the Treasury Division Director who will meet with the Risk manager as needed to discuss any concerns. Additionally, a claims handling procedure and checklist will be created to ensure appropriate claim documentation is attached to the file. RMG will discuss determining the best format for file-naming conventions and ensure it is documented in the claims handling procedure. As it relates to notes with date stamping and author, Riskconnect currently specifies these variables. We will continue to focus on an understandable assessment of facts through training. Currently, after details of claims have been reviewed, a field is updated with yes or no as to whether the county driver is at fault, and then it is set up as one of the following: auto liability claim, auto CC claim, or property damage claim. This type of differentiation is solely based on liability determination. In most of our claims, liability is clear and without dispute. In addition to these efforts, we will clearly document liability in the log notes section of the claim. Recommended audits can evaluate whether liability is being properly assessed.

3. Recovery procedures were underutilized (previously identified by management).

There are several opportunities to recover or offset claims costs. The County could seek reimbursement for auto damages from those who caused accidents or were deemed partially at fault. Auto repairs may not always restore the value of vehicles before accidents. The County has the right to recover diminished value damages from those involved in accidents under Georgia law. RMG and the Legal Department consider subrogation, loss of use and diminished value as viable cost recovery opportunities, but they may lack resources to sustain recovery levels. Their plan was to pursue cost-effective outsourcing solutions as of the end of fieldwork. RMG did not keep an accounts receivable report, or a list of amounts owed to the County for insurance claims or recovery efforts.

RECOMMENDATION

There are several firms that provide claims recovery services. Outsourcing could be a cost-effective alternative to expanding operations in-house and we support the initiative. RMG should keep a list of amounts owed to the County to ensure collection. We will monitor management's implementation for corrective action tracking purposes.

Management Response (RMG)

RMG leadership has partnered with two third-party administrators to maximize recovery efforts. We are also exploring a method of utilizing recovery reserves in Riskconnect to capture and quantify monies owed to the county.

4. Workers' compensation oversight was inconsistent.

Georgia requires organizations with three or more employees to have WC insurance. It is accident insurance coverage funded by the County that may provide income benefits and medical care for employees injured at work. The goal of WC is to help employees return to work. The County self-funds employee WC benefits up to retention and uses Davies for claims services. Supervisors submit a notice of injury form to Davies. They file a claim with the State Board of Workers' Compensation to obtain a claim number and enter the information into Riskconnect. Davies reviews accident paperwork, interviews witnesses, and examines doctor's statements to accept or deny the claim. HR must approve any denials. If approved, the County provides up to 360 days of full salary. Davies is responsible for medical claims management and payments. HR is required to approve claimant payments greater than \$5,000 and may audit any transaction regardless of amount if deemed necessary. Employees may occasionally seek a settlement in lieu of extended WC services which is governed by the Settlement Ordinance. IA selected a judgmental sample of 25 employee WC claims and confirmed they applied to current employees and were sent to the State Board. We reviewed corroborating documents in Riskconnect to verify legitimacy. We sought evidence of HR and management approvals for individual payments of more than \$5,000. IA reviewed any settlement payments for management approvals per Ordinance and confirmed County received a release for any future claims. Our observations were as follows:

- Davies did not provide final invoices to support individual claims payments exceeding \$5,000 for 11 claims. We were unable to validate required HR approvals for eight claims.
- Some medical costs appeared excessive relative to the injury, and there were no notes, emails or correspondence from HR or Davies to justify medical services. For example, an employee incurred approximately \$50,000 in medical services for injuries caused by law enforcement activities such as excessive driving - sitting and wearing a duty belt. HR and Davies could have provided better justifications for the medical costs.

RECOMMENDATION

HR should periodically audit claims files on a sample basis to validate compliance and request refunds for unapproved or unsupported payments. This periodic audit should ensure that only valid employees receive WC benefits and unusual transactions, such as fees, are justifiable. It should be expansive and include both medical and non-medical costs. The WC program will benefit from an approval workflow and enhanced recovery procedures. See Recommendations 1 and 2 for details.

Management Response (HR)

Davies will set up two new tabs in Riskconnect, one for Settlement Authority and another for bills over \$5,000. HR will begin validating a sample of claims payments over \$5,000 annually. We are unable to negotiate medical fees as the State of Georgia has established fees that providers can charge for all WC treatment. It is our belief that we have processes in place to ensure that treatment is necessary. Employees who are injured on the job must seek treatment from our panel of physicians.

Before a doctor is added to the panel of physicians, they are interviewed by both Gwinnett County and our WC Provider. We have also coordinated with Gwinnett County Schools from time to time to discuss panel physicians and their experience. Gwinnett County does not have medical professionals who can determine if treatment is necessary. We utilize our relationship with our panel physicians and our WC Provider to ensure that all treatment is necessary.

IA Comment

Davies activities should be periodically monitored for compliance, and we concur with management's remediation plans to annually validate a sample of claims payments over \$5,000. We realize the County does not have medical professionals to evaluate the efficacy of treatment plans and must rely on a selected panel of physicians for diagnosing and formulating effective treatment for injured employees. However, HR should validate on a sample basis whether actual medical services conform to approved treatment plans and incurred costs are within state fee guidelines.

5. SLP programs lacked coordination between agencies and departments.

RMG's SLP programs consist of a wide variety of efforts to address safety issues and loss prevention with varying degrees of success. Two of the regularly scheduled and consistent efforts are defensive driving classes and park inspections to detect potential physical hazards to residents. The Safety Officer engages departments each year to share which drivers need to complete defensive driver training for completeness. This interaction has yielded inconsistent results as outlined below. Safety inspections followed Occupational Safety and Health Administration (OSHA) guidelines and adhered to a five-year schedule for completion. Findings from these inspections and recommended actions were shared with appropriate leadership. Apart from SLP's participation and feedback shared at safety meetings, there appeared to be little safety planning or loss prevention coordination between agencies, departments, and RMG to maximize best practices gained from prior claims losses. We observed the following improvement opportunities during walkthroughs and inspections of documents:

- There were several claims in our sample that were due to employee auto accidents with contributing factors such as following behind a vehicle too closely or lack of situational awareness. Claims sometimes lacked root cause analysis. Approximately 570 employees required to take defensive driver training in 2022 failed to do so according to records. Overall, there appeared to be no countywide effort to reduce car accidents through uniform driver performance standards or sanctions for incomplete training or moving vehicle offenses.
- Most agencies and departments did not have safety committees dedicated to improving safety or promoting best practices within their organizations. Also, the Safety Officer served as a consultant to departments for claims and safety matters during the audit period, but there were few formal steps taken to coordinate risk assessments, loss experiences, and safety best practices between departments. For example, Corrections, Police, and RMG could leverage each other's knowledge regarding workplace safety practices including physical security measures such as fencing, camera placement, etc.
- It was not apparent how claims data, specifically root cause analysis and accident frequencies, drove any improvement opportunities or conclusions about the effectiveness of existing preventative measures.

RECOMMENDATION

Agencies and departments should establish safety committees to promote workplace safety. RMG should coordinate safety goals, programs, and improvement opportunities between the various safety committees. Both must utilize claims data by type to evaluate effectiveness of their safety programs. Update performance standards and sanctions based on repeat at-faults and contributing factors if necessary.

Management Response (RMG)

Currently, RMG staff participates in all safety meetings where a department has requested our involvement, which include, Police, DWR, Fire, DOT, and DoCS. Our involvement consists of consulting, recommending, and providing possible solutions in support of a safer work environment. While RMG agrees that a more holistic approach to Safety and Loss Prevention is needed, this recommendation requires coordination across the entire County. We will work with leadership to determine the best approach. The development of a safety leadership structure within each agency and department that serves in an oversight capacity versus a consultive role should be considered.

IA Comment

RMG has access to countywide information about the frequency, type, and sometimes cause of accidents which gives them the unique ability to assess the overall effectiveness of departmental safety programs and drive change via accident data. They are exposed to departmental safety best practices which may be beneficial to others. They can also correlate employee participation rates in safety prevention programs with accident outcomes to drive improved participation rates or modify program content. For example, we noticed several car accidents in our sample that were due to employees either driving too closely behind vehicles or were distracted, yet employee participation rates in required driver training was low during the audit period. A safety governance role should be mandatory rather than voluntary, in our opinion, but we defer to management's judgment for best structure. Please note, RMG does not participate in safety meetings for Corrections, Sheriff, and Support Services.

6. Could not evaluate the effectiveness of data security controls.

HR and RMG keep claims data in Riskconnect and on network shared drives. They also frequently share this information amongst themselves and with other third parties via emails. The data includes sensitive information such as health records, personally identifiable information, social security numbers, and police reports that must be protected from unauthorized use. We reviewed data security controls for adequacy and effectiveness. We observed the following improvement opportunities:

- HR and RMG did not periodically validate Riskconnect users and their system privileges. We were also uncertain how new users were authorized and provisioned in the system.
- Email correspondence with sensitive data was unencrypted, which could expose sensitive information to the public. This is a particular concern for emails sent outside the County's network. Also, the Department of Information Technology Services may not have included Riskconnect data in their encryption initiative.

- Davies uses Riskconnect to process and store County WC information, but it was unclear whether this data was kept on their network, our network, or cloud storage. HR should ascertain where the data resides and whether Service Organization Controls (SOC) reports sufficiently evaluate the effectiveness of their IT general controls.

RECOMMENDATION

HR and RMG should establish user provisioning procedures for Riskconnect and any other medium used to store WC and claims data. Management should periodically authenticate users and update access for terminations and transfers. HR and RMG should encrypt emails containing WC and claims data. HR and RMG should determine whether WC and claims stored data has been or will be encrypted for security purposes. HR should also periodically evaluate Davies SOC reports to ensure IT general controls are effective. Consideration should be given to the type of SOC report and user control considerations. SOC 2 reports include more information about the entity's controls relevant to data security. Please note that this also applies to Riskconnect if they host County data.

Management Response (HR)

The only people from Davies who have access to Gwinnett County Riskconnect are people who actively manage the account. Accounts are automatically disabled when they haven't been accessed in six months. Davies will not add County employees to Riskconnect without County approval. We have not had any changes to those eligible in the last several years. We have incorporated security access review into our vendor meeting annually. Emails are encrypted if they include personal identifying information such as social security numbers. New Davies SOC reports have been provided to IT Security for review and to confirm that all necessary protocols are in place.

IA Comment

IA could not validate any of the user access control activities enumerated above during fieldwork, including the encryption method used for email correspondence. We concur with management's remediation plans to include security access reviews in the annual vendor meeting. This should include Gwinnett County employees. HR should obtain a complete list of users including their assigned privileges from Riskconnect and confirm the following: a) access was approved; b) user is currently employed or has not transferred to another division or department; and c) system privileges are consistent with job responsibilities. User access should be adjusted for any exceptions. HR should keep documentation of this review for inspection until the next review. IT SOC assessments should also be kept. IA will inspect documents and inquire during corrective action follow-up to confirm remediation.

Management Response (RMG)

RMG leadership agrees a periodic review of users and their privileges in Riskconnect is appropriate and will be implemented. Additionally, the process of transmitting data will be evaluated to determine the best approach to ensure data security. Until recently, the sharing of claim related information has only been shared internally by the RMG. This information has been shared only with parties who have a business need for this information. The recent utilization of outside counsel on claims with active RMG involvement has created a heightened need to review our transmittal procedures.

Other Considerations

IA observed opportunities to improve certain business activities based on best practices and included related advisory comments for management consideration only. Management is not required to provide written responses or corrective action plans. The advisory comments are as follows:

- We observed the same employee receives, stores, and records recovery payments. RMG should evaluate the cost-benefits of using lockbox services to maintain proper segregation of duties. Alternatively, Treasury could instruct insurance companies or at-fault parties to send payments to Cash Management for scanning and deposits. RMG could then use scanned images to record payments in Riskconnect.

Management Response (RMG)

RMG's use of third-party administrators will enhance the segregation of duties as recoveries will flow through Cash Management via ACH. For any remaining checks we will continue to have RMG leadership review, log the payment into the claim file and secure for processing by our Financial Analyst II.

- We confirmed insurance policies were current during the audit period but did not find evidence of approvals for all policies by the Risk Manager and BOC. Though the Risk Manager maintains a calendar with renewal dates, he should keep approval documentation.

Exhibit A: Claims Management Steps

Steps	Descriptions
1. Obtain Loss Notice	Supervisor completes notice of injury or property damage to a member of the public for general liability and submits to RMG. Similar notices are prepared for auto accidents, loss of property, and employee on the job injuries. The forms are used to accumulate detailed information about the claimant, conditions, and contributory factors. Some information will be used to establish fault and determine whether the County is liable.
2. Create claims number	Claims Adjuster generates a unique number for tracking and reporting purposes.
3. Setup in Riskconnect	Claims Adjuster enters claim number and loss notice information into Riskconnect for management of workflow.
4. Send Acknowledgement Letter	RMG sends acknowledgment of claims to applicable parties and requests additional information if necessary.
5. Assemble claimant documentation	Claims Adjuster and Supervisor accumulate relevant documentation which may include, among others, police first information report, driver license, estimate of repair costs, insurance information, appraisal - inspection reports, photographs, court filings, and witness statements.
6. Research claims to determine fault and liability amount. Identify subrogation opportunities.	Insurance Manager, Claims Adjuster, and Legal Department determine whether to accept or deny claim based on determination of fault. If County deemed at fault or subject to lawsuit, the Insurance Manager estimates the County's total liability for the claim and enters the amount in Riskconnect to manage settlement costs. RMG may pursue monetary reimbursements from claimant's insurance carrier if partially or fully responsible for accident and/or file insurance claims for diminished value of damaged equipment and property.
7. Negotiate Settlement (If Applicable)	Insurance Manager and Legal Department negotiate settlement amount with claimant.
8. Send subrogation notices	Claims Adjuster sends written notification to insurance company or person responsible for reimbursing costs to the County.
9. Obtain approvals per Settlement of Claims (If Applicable)	The BOC approves settlement payments over \$100,000. The County Administrator, Attorney, and Director of Financial Services jointly approve settlements of no more than \$100,000, subject to the approval of the Chairman of the BOC. Any Assistant Attorney and Insurance Manager have the joint authority to approve settlement payments of no more than \$50,000 in return for full release.
10. Send payment to claimant	The Insurance Manager sends settlement payment requests to SAP via Riskconnect after approvals.
11. Track collections from 3 rd Parties (Subrogation).	RMG maintains a list of subrogation amounts for collection management purposes.

Notes: The procedures pertain to self-insured retention claims made against the County. The descriptions capture the general workflow for claims and may exclude steps that specifically apply to auto, general liability, property, and WC claims. See Settlement of Claims, Second Amendment, dated October 6, 2009, for Step 9.

Exhibit B: Summary of Audit Procedures

- Interviewed management to identify key control activities. Walked through key activities to confirm understanding and validate procedures.
- Selected a judgmental sample of 41 claims and random sample of 25 WC claims. Reviewed documentation for financial accuracy, approvals, corroboration, liability releases, and Medicare eligibility when applicable (**Recommendations 1 and 2**).
- Reviewed a random sample of 28 claims denials for appropriateness based on RMG policies and government immunity principles.
- Compared claim totals per SAP and Riskconnect for completeness (**Recommendation 1**).
- Confirmed procurement card activity during the audit period was recorded in Riskconnect.
- Analyzed list of open claims in Riskconnect by loss date (**Recommendation 2**).
- Reviewed cash reconciliation procedures for recovery deposits with Finance.
- Analyzed amounts due to the County for recovery strategies and claims (**Recommendation 3**).
- For sample of WC claims payments over \$5,000, confirmed they were accurate, filed with the State Board, and applied to County employees (**Recommendation 4**).
- Researched safety and loss prevention best practices from applicable organizations such as OSHA. Inquired with management about current safety practices (**Recommendation 5**).
- Reviewed HR and RMG data security controls (**Recommendation 6**).
- Verified that supplemental insurance was appropriately used for claim amounts exceeding established self-funding limits.